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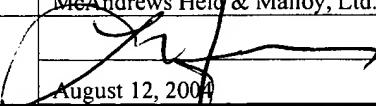
41  
3713

<b>TRANSMITTAL FORM</b>		Application Number	09/462,717
(to be used for all correspondence after initial filing)		Filing Date	April 10, 2000
		First Named Inventor	Scott Olive
		Group Art Unit	3713
		Examiner Name	Kim Nguyen
Total Number of Pages in This Submission	7	Attorney Docket Number	15737US01

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) (      sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Revocation of Power of Attorney and Appointment of New Power of Attorney; POA and Correspondence Address ID Form; Change of Corresp Address; Cert Under 37 CFR 3.73(b) AND copy of Assignment
<input type="checkbox"/> PTO 1449/08A with references	<input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		The Commissioner is hereby authorized to charge any deficiencies or credit any overpayment to Deposit Account 13- 0017I

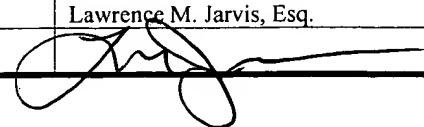
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Signature			
Date	August 12, 2004		

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TECHNOLOGY CENTER R3700

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on Aug. 12, 2004

Name (Print/type)	Lawrence M. Jarvis, Esq.	Registration No. (Attorney/Agent)	27,341
Signature			
	Date	Aug. 12, 2004	